educational status, killips class on admission, blood pressure on admission, heart rate on admission (sinus rhythm), arrhythmias, contraindication to thrombolytic therapy, STEMI / NON STEMI, Q waves on admission, infarct location, pain to needle time, pain to door time, door to needle time, ecg evidence of early reperfusion, in hospital outcome –death/further deterioration, functional status at discharge, left ventricular ejection fraction at discharge, mitral regurgitation at discharge.

Results: Total 204 patients were studied, out of which 198 patients were thrombolysed. The results of which are as follows: out of 198 patients studied 164 (82.8%) were males and 34 (17.17%) were females. Most common age group of presentation was 50-75 yrs. The mean time of delayed presentation was found to be 4.5 hrs. The delay to hospital was more in 50-75yrs age group (p value <0.05). The delay was more in the diabetic patients as compared to the patients without diabetes (p value<0.01). Patients with past history of angina, onset of symptoms in the early morning and late night, low socioeconomic & low educational status was significantly associated with delay of more than two hours in seeking hospital care (p value< 0.05). The incidence of mortality, heart failure, fatal arrhythmias, lower ejection fraction, acute kidney injury, mitral regurgitation was more in patients presenting after two hours.

Conclusion: The result of this study suggests that a large proportion of patients with acute myocardial infarction continue to exhibit delay in hospital presentation. The characteristic of many of these individuals can be identified in advance for targeted educational efforts.

Prognostic value of BNP levels in acute coronary syndromes

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Background: Brain (B-type) natriuretic peptide is a neurohormone synthesised predominantly by the ventricular myocardium. Although initially BNP levels were used in the diagnosis of acute heart failure, the circulating hormone has been shown to provide independent prognostic value in patient with acute coronary syndromes.

Method: This study comprised of prospective analysis of 50 patients of acute coronary syndromes (37 STEMI, 10 NSTEMI and 3 UA) admitted within 72hours of the event. The purpose of the study was to study the effects of high admission BNP levels on mortality and morbidity of patients at 30 days and at 6 months.

Results: The baseline level of B - type natriuretic peptide was correlated with the risk of death, heart failure and death at 30 days and at 6 months. Among 50 patients, 21 patients whose admission BNP levels were <=80 pg/ml death occurred in 1 patients, CCF in 4, New MI in 7 and none in 9 patients occured at 30 days, and among 29 patients whose admission BNP levels were > 80 pg/ml, death occured in 4 patients, CCF in 08 patients, New MI in 15 patients and no complications was seen in 2 patients.(p value=0.024).

At 6 months 21 patients whose admission BNP Levels were <= 80 pg/ml death occured in 01 patients, CCF in 05 patients, New MI in 08 patients and in 7 patients no complication was observed and among 29 patients whose admission BNP levels were > 80 pg/ml, death occured in 05 patients, CCF in 08 patients, New MI in 16 patients and none was observed in 0 patients.(p value=0.007).

Conclusion: A single measurement of BNP levels obtained within first few days after the onset of ischemic symptoms, provide predictive information for use in risk stratification across spectrum of acute coronary syndromes.

A multicentric, retrospective, outcome analysis of contemporary antiplatelet discontinuation practices in coronary artery disease patients undergoing cardiac / non cardiac surgeries

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Background: Patients with coronary artery disease (CAD) poses cardiologists, surgeons, and anesthetists with the dilemma of deciding between the risk of increased blood loss when continuing antiplatelet agents in the perioperative period, and the risk of thromboembolic events if the drugs are stopped.

Aim: Analysis of the data, on the current practices of continuation or discontinuation of anti-platelets in CAD patients undergoing cardiac/non-cardiac surgery. In addition **to observe** adverse events resulting from this practice.

Methods: Multi centric, retrospective, observational study conducted in three tertiary care centers of India. A minimum 1537 patients with CAD undergoing surgeries will be included in the study. The Primary outcome of the study is peri-operative thromboembolic events - stroke, pulmonary embolism, deep vein thrombosis and acute coronary syndromes and the secondary outcome is Perioperative bleeding. Bleeding was classified as major (Type 2 to 5) and minor (Type 0 and 1) as per the BARC definition of bleeding.

Results: In this ongoing study 513 patients have been enrolled. The average age of the patients was 62 yr out of these 85.4% were male. 414 (80.7 %) of patient underwent cardiac surgery and 99 (19.3%) patient underwent noncardiac surgery.

Of the patient who underwent cardiac surgery 352 (85 %) discontinued the anti platelet therapy while 40 (40.4 %) underwent non cardiac surgery after discontinuing antiplatelets.

In cardiac surgery patient population , major bleeding occurred in 6.0% in discontinuation group vs 3.2 % of patients in continuation group ($p = 0.302$). In non cardiac surgery population, major bleeding were nil in both continuation and discontinuation group.

Conclusion: Antiplatelet was discontinued more often in patients who underwent cardiac group. There was no significance in the bleeding. Thrombotic events were not influenced by discontinuation of antiplatelets.

Impact of atropine and aminophylline on atrioventricular block after acute inferior wall myocardial infarction

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Background: Intravenous (IV) aminophylline has been anecdotally shown to improve conduction in atrio-ventricular (AV) block after acute myocardial infarction (AMI).Present study tried to see the efficacy of aminophylline in patients (pts.) who did not respond with atropine.